

授权书 / AUTHORIZATION LETTER

1. 受托方信息 / Authorized Party Information

姓名 / Name: _____

单位名称 / Organization: _____

所属部门 / Department: _____

职务 / Position or Title: _____

工作邮箱 / Institutional Email: _____

联系电话 / Phone Number: _____

2. 授权事项 / Scope of Authorization:

在此声明受托担任“机构代表”资质，负责全流程的科研人员准入管理、材料审核把关、进度监控与权限维护，核心职责包括：

I hereby declare that I am authorized to serve as the “Institutional Representative,” responsible for end-to-end researcher access management, document review, progress monitoring, and permission maintenance:

(1) 邀请与准入 / Invitation and Admission:

- 以机构代表身份，将本单位的科研人员邀请进入 Aging BioBank 申请审核系统；

As the institution’s representative, invite your organization’s researchers into the Aging BioBank Request system.

- 确保邀请人员的身份信息与科研资质，确保符合机构及平台要求。

Verify the invited individuals’ identity information and research credentials to ensure they meet both institutional and platform requirements.

(2) 信息完整性把控 / Ensuring Information Completeness

- 确认申请表单及附件资料准确、齐全，避免因材料不全导致审核延迟。

Confirm that all application forms and supporting documents are accurate and complete, in order to prevent review delays caused by missing materials.

(3) 权限复核与调整 / Permission Review and Adjustment

- 定期复核已获授权人员的访问权限，评估其使用需求与安全合规情况，并根据评估结果调整其权限范围和有效期。

Periodically review the access permissions granted to approved users, assess their usage needs and compliance with security standards, and adjust the scope and validity period of their permissions accordingly.

3. 更换授权人 / Change of Authorized Person

如需更换授权人，本文件须重新提交并完成签章/签字流程。

If the authorized person is changed, this Authorization Letter must be re-submitted with signatures/seals.

受托方声明 / Declaration by the Authorized Party:

本人确认上述身份、职务及职责信息真实、准确。本人理解并接受作为机构代表所承担的科研人员准入管理、材料审核、进度监控、权限维护及合规管理责任，并承诺仅在本单位授权范围内开展相关操作。

I confirm that the identity, position, and responsibility information provided above is true and accurate. I understand and accept the responsibilities as the Institutional Representative, including researcher access management, document review, progress monitoring, permission maintenance, and compliance management. I undertake to act only within the scope authorized by my organization.

受托方签字 (手写或签名章) / Authorized Persons' Signature (handwritten or with a signature stamp): _____

日期 /Date: _____

授权人签署 / Authorizer's Signature:

请由企业 (CEO / President)、研究所 (Director)、高学或高校学院 (President / Dean) 的法定代表人手写签字或签名章, 中国用户另需加盖公章或学院章; 国际用户仅需手写签字, 无需盖章

Please have the legal representatives of the enterprise (CEO/President), research institute (Director), and university or college (President/Dean) handwritten sign or with a signature stamp. Chinese users must affix the company seal or college seal; international users only need to sign by hand without affixing any seal

授权人姓名 / Authorizer's Name: _____

授权人职务 / Authorizer's Position or Title: _____

授权人工作邮箱 / Authorizer's Institutional Email: _____

签字 (手写或签名章) / Signature (handwritten or with a signature stamp):

盖章 / Seal: _____ (仅中国用户 / For Chinese users only)

日期 / Date: _____